

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <b>EPA</b>  United States Environmental Protection Agency  Washington, DC 20460 </div> <div style="text-align: center;"> <b>Work Assignment</b> </div> </div>						Work Assignment Number 3-3			
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000002			
Contract Number EP-W-08-019		Contract Period   03/11/2008   To   03/10/2012		Title of Work Assignment/SF Site Name					
		Base                      Option Period Number      3		Economic Valuation Tools					
Contractor RESEARCH TRIANGLE INSTITUTE				Specify Section and paragraph of Contract SOW					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval				Period of Performance  From   03/11/2011   To   03/10/2012					
Comments: The purpose of this amendment is to approve the contractor's work plan and cost estimate dated May 3, 2011.									
<input type="checkbox"/> Superfund                      Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund									
SFO <input type="checkbox"/> Note: To report additional accounting and appropriations date use EPA Form 1900-69A.									
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)  (Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1									
2									
3									
4									
5									
Authorized Work Assignment Ceiling									
Contract Period: 03/11/2008   To   03/10/2012		Cost/Fee:		LOE:   1,380					
This Action:				0					
Total:				1,380					
Work Plan / Cost Estimate Approvals									
Contractor WP Dated:				Cost/Fee:		LOE:			
Cumulative Approved:				Cost/Fee:		LOE:			
Work Assignment Manager Name   John Powers  _____ (Signature)                      (Date)						Branch/Mail Code: Phone Number   202-564-5776 FAX Number:   202-564-0500			
Project Officer Name   Ryan Daniels  _____ (Signature)                      (Date)						Branch/Mail Code: Phone Number:   202-564-6476 FAX Number:			
Other Agency Official Name  _____ (Signature)                      (Date)						Branch/Mail Code: Phone Number: FAX Number:			
Contracting Official Name   Debra A. Miller  _____ (Signature)                      (Date)						Branch/Mail Code: Phone Number:   202-564-1041 FAX Number:			